

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>9/248964</i>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1		101				51						
2		1	102				52						
3		1	103				53						
4		1	104				54						
5		1	105				55						
6		1	106				56						
7		1	107				57						
8	1		108				58						
9		1	109				59						
10		1	110				60						
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12		1	112				62						
13			113				63						
14			114				64						
15		14	115				65						
16		14	116				66						
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18		14	118				68						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	96	↔		↔		↔	TOTAL DEP.	↔		↔		↔	
TOTAL CLAIMS	98						TOTAL CLAIMS						